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by the psychologist in the laboratory. Final diagnosis is made by graphic presentation of positive and negative findings in each field of inquiry. The minus sign is used to represent defect.

The charts accompanying the article are based on the diagnosis of 860 cases, 614 of whom were classed as feeble-minded. In comparing the cases diagnosed as "feeble-minded" and "not feeble-minded," the latter show some handicapped in physique, family history and developmental history, but the height of the curve is the field of moral reactions, showing that their bad behavior was the principal reason for being brought to the clinic. Of the feeble-minded group, 314 were morons, and 235 imbeciles. As a group the imbeciles get as high a percentage of minuses as possible in each field except family history and morals. The moron group are quite regular in their deficiencies, showing probability or corroboration of defect in almost every field.

The children diagnosed as backward show 86% minus in school progress, the common character of the group. By comparison, only 48% are minus in general information. Comparison with the defective group in general information, economic efficiency, and mental examination makes the diagnosis of backwardness seem only fair, especially in view of handicaps such as language and race difference. Of the cases on whom diagnosis was deferred the curve shows much the same condition. The basis of differentiation between this group and the backward was evolved by practice and from a thorough individual study rather than *a priori* classification of terms.

To summarize, in a definitely feeble-minded person, evidence of mental defect is found in almost all fields of inquiry; even in the borderline cases, where the defect is slight as a rule, definite evidence of mental defect will be found in nearly all the fields. In cases which are not mentally defective the synopsis of findings is usually equally significant and consistent. If a patient has a normal mind his personal history, school progress, practical knowledge, etc., are those of a normal person. Social history and reactions and moral reactions are constantly modified by environmental influences, and if deficiencies are found in these fields only, it is probable that they are due to causes other than mental deficiency.

Evanston, Ill.

ELIZABETH PETTY SHAW.

HOW MAY WE DISCOVER THE CHILDREN WHO NEED SPECIAL CARE?

By *Robert M. Yerkes*. *Mental Hygiene*, Apr. 1917. Pp. 252-59.

As a practical approach to the task of better suiting educational treatment to the needs of the individual child a classification is suggested according to the major characteristics of mind: (1) the intellectually superior or super-normal; (2) the intellectually inferior or subnormal; (3) the intellectually dependent; (4) the affectively or instinctively defective; (5) the mentally normal or average.

The first class are those who give promise of becoming the leaders of the community, and are handicapped in our schools by insufficient opportunities. They need special attention and care, as upon them

human progress chiefly depends. The intellectual inferiors are the morons; they need intensely practical, industrial and vocational, training. The intellectual dependents are those who are incapable of self-supporting activity. These belong in special institutions. The instinctively or emotionally or morally peculiar children, the affective deviates, are characterized by underdeveloped, overdeveloped, or unusually related instincts. The juvenile delinquent and incorrigible are found here, and needless to say, need special study and care. The normal children make up 80-90% of the total number.

How select these groups? The method suggested aims at a relatively inexpensive way. A staff of experts, including a physician, a psychologist, an educator, and a social worker should be organized. First, the children should be given physical, medical and psychological examinations in groups of 20-50. The physical and medical examinations should be inspectional, while the psychological, a series of mental tests. The 10-15% of those belonging to the first four categories should be selected by this means. Next, a reasonably thorough examination, physical, medical and psychological, should be made of each exceptional pupil. Finally, a detailed report of findings and the recommendations of the experts should be made.

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THE PUBLIC DEFENDER; A NECESSARY FACTOR IN THE ADMINISTRATION OF JUSTICE. By *Mayer C. Goldman*—Foreword by Justice Wesley O. Howard, Appellate Division, New York Supreme Court. G. B. Putnams Sons, New York, 1917. Pages 96. \$1.00 net.

This little book is a timely contribution to a subject that is very much in the public mind. The author has contributed already an article to this Journal on the subject of the Public Defender (see Vol. V, 5, 660 ff, and Vol. VI, 4, 557 ff). The volume before us comprises 8 chapters on the following subjects: The Public Defender Idea; The Injustice of the Assigned Council System; Public Prosecution and Prosecutors; Analysis of the Public Defender; The Ancient Conception of Crime; Specific Objections Considered; Other Remedies Inadequate; The March of the Movement; Appendix.—The Public Defender Chronology.

The author confidently asserts that the following advantages might accrue from the establishment of the office of public defender: (1) The theoretical safeguard surrounding the accused will be rendered more effective, (2) Cases will be more honestly and ably presented, (3) Manufactured defenses will be reduced, (4) Unfair discrimination will be eliminated, (5) Disreputable attorneys will be unable to prolong cases, (6) Pleas of guilty will be minimized, (7) The truth will be more available, (8) Expense will be decreased, (9) The criminal courts will be improved, (10) Guilty persons will not receive excessive punishment, (11) Confidence in the law and respect for it will be increased.